

MO AUG 28 1941 791

Registration District No.

Primary Registration District No. **1003**

Registrar's No. **5712**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St Louis MO**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **BARNES HOSPITAL**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **21 days** 0 (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **Lee Frank Dingserson**

3. (b) If veteran. name war **Unknown** 3. (c) Social Security No. **None**

4. Sex **Male** 0 5. Color or race **White** 0 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **Single** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **March 11 1900**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 **3** **28** hr. min.

9. Birthplace **Mt. Olive Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **George Dingserson**

13. Birthplace **Mt. Olive Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Emma Schmutzler**

15. Birthplace **Brighton Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Milda Dingserson**

(b) Address **Mt. Olive, Ill.**

17. (a) **Removal** (b) Date thereof **7/10/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Olive, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Ave.**

19. (a) **JUL 10 1941** (Date received local registrar) **J. W. [Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Illinois** (b) County _____
(c) City or town **Mt. Olive**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural** (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **9**
year **1941** hour **5:05** minute **17** M.

21. I hereby certify that I attended the deceased from **June 18, 1941 to July 9, 1941**
that I last saw him alive on **July 9, 1941**
and that death occurred on the date and hour stated above.

Immediate cause of death **Supracellar cyst of brain**
non malignant
Due to **Post-operative** (incl. **glad**)
Due to _____

Other conditions **Terminal Bronchial Pneumonia 4 days**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **[Signature]**
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **FR Bradley** (M. D. number) **10**
Address **BARNES HOSPITAL** Date signed **7-9-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

999
11
9120

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Walter H. Purley
Licensed Embalmer No. *4202*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.